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Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0149	A. BUILDING: _____ B. WING _____	C 10/03/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PILLSBURY MANOR - SOUTH	20 HARBOR VIEW ROAD SOUTH BURLINGTON, VT 05403

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R100	Initial Comments: An unannounced on-site survey was completed on 10/3/18 by the Vermont Division of Licensing and Protection. The purpose of the survey was to investigate 4 complaints and a facility mandated self-report. The following regulatory violations are the result of the complaint investigations.	R100		
R104 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.1 Admission 5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, a description of the services that are covered in the rate, and all other applicable financial issues, including an explanation of the home's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI or ACCS benefits. This admission agreement shall specify at least how the following services will be provided, and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation; toiletries; and any additional services provided under ACCS or a Medicaid Waiver program. If applicable, the agreement must specify the amount and purpose of any deposit. This agreement must also specify the resident's transfer and discharge rights, including provisions for refunds, and must include a description of the home's personal needs allowance policy. (1) In addition to general resident agreement requirements, agreements for all ACCS	R104	The corporate team has been contacted via email on October 28, 2018 as well as today, October 31, 2018. As of today, I have not received a response regarding this deficiency.	

Rosemarie Powers RN BSN
10/31/18 Director of Nursing

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R104	Continued From page 1 participants shall include: the ACCS services, the specific room and board rate, the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment. This REQUIREMENT is not met as evidenced by: Based on multiple reports from residents of the the facility, the facility has failed it's fiduciary duty to comply with the terms of the admission agreements to all current residents of the facility, by failing to bill monthly for rent and miscellaneous charges for each resident's apartment and agreed upon care and services. This regulatory violation affects all residents and/or their legally responsible financial parties. Findings include: Per interviews 10/2/18 and 10/3/18 with facility residents and staff, the facility licensee has failed to adhere to the terms of their Admission Agreements for all current residents. The facility has failed to send all residents a monthly bill of the amount owed for rent and miscellaneous charges every month, as stated in the written terms of the signed admission agreements. This failure to comply with the agreement also violates each resident's right to review their financial records upon request. The facility licensee has not explained in writing to all residents the reasons for their failure to comply with the terms of each admission agreement and this issue is causing significant distress to residents and/or their legally responsible parties. Per interview on 10/2/18 with a resident who wished to be anonymous, s/he is 'very upset' and concerned that they have not been billed for any months since the March, 2018. No bills have been	R104		

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R104	Continued From page 2 received for April, 2018 to the present month, September, 2018.. There are no facility staff employed at the facility to facilitate responses to questions the residents may have regarding their financial records and monthly billing history.	R104		
R123 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.4 Refunds 5.4.a When a resident is discharged, the resident shall receive a refund, within 15 days of discharge, for any funds paid in advance for each day care was not provided. In the case of a discharge to a hospital or other temporary placement, the effective date for this provision shall be the day the home is notified the resident will not be returning For the purposes of providing refunds, "day of discharge" shall be considered the day the resident's room is empty of the resident's belongings, if those belongings are too large or difficult for the home to store temporarily. The facility shall temporarily store small items such as clothing and other personal items if necessary. This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews, the facility failed to refund money owed to the estate/heirs of 1 applicable resident in the sample after the resident's death in February, 2018. (Resident #5). Findings include: Per telephone interview with Resident #5's family member on 9/29/18 at 1:20 PM, h/her mother died on 2/8/18 and s/he had vacated all of the mother's belongings by 2/18/18. Per interview	R123	The corporate team has been contacted via email on October 28 2018 as well as today, October 31, 2018. As of today, I have not received a response regarding this deficiency.	

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R123	Continued From page 3 with a business office staff member on 10/3/18 at 2:50 PM, she stated she did not have any direct knowledge of the billing system or any residents who may be owed a refund upon discharge from the facility. However, she was able to show the surveyor remaining documents in a file regarding Resident #5. The documents included a Deposit Receipt entitled "Refundable Security Deposit Amount: $4200.00." A Statement dated 2/20/18 stated that the "Total Due" to the resident upon discharge was $5,596.61. (This amount included the security deposit refund of $4200.00, plus the money owed for unused days paid in advance for February, 2018. The amount of unused days (9 days) paid in advance was $1,396.61.) A survey completed on 7/3/18 cited a regulatory violation due to the failure to return the resident's owed money and the facilily wrote in a Plan of Correction accepted on 7/31/18 that they had refunded the money owed on 7/19/18. However, the family member confirmed on 9/29/18 that no refund had ever been received by the resident's estate. This lack of correction of the regulatory violation represents continued non-compliance by the facility. The failure to return the resident's funds within 15 days of discharge was confirmed during interview with business office staff and the DNS on afternoon of 10/3/18.	R123		
R126 SS=G	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.a Upon a resident's admission to a residential care home, necessary services shall be provided or arranged to meet the resident's	R126	1. Resdient #1 no longer resdies in the facility 2. Review of current residents with nursing staff and record review will be conducted to ensure resdient care needs are met	

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R126	Continued From page 4 personal, psychosocial, nursing and medical care needs. This REQUIREMENT is not met as evidenced by: Based on interviews and record review, the facility failed to assure that 1 of 4 residents in the targeted sample received the necessary care to address their nursing and medical care needs. (Resident #1). Findings include: Per staff interviews and record review, nursing staff failed to show evidence of necessary assessment and monitoring of care for Resident #1, who was declining in health status for a period of weeks prior to being admitted to the hospital from an ED visit on 9/11/18 with a diagnosis of a urinary tract infection, dehydration and possible sepsis [sepsis is a potentially life-threatening complication of an infection]. A time line of the developments showing the resident's decline and lack of consistent care and monitoring is included as follows: 1. Per record review, on 8/28/18, the resident's son reported to the nurse that the resident complained to h/him that s/he was having a lot of pain in the right rib area, along with coughing and white sputum. The nurse went to see the resident and wrote that the resident may have pulled a muscle with h/her coughing and the nurse asked the the MT (medication technician) to give h/her PRN (as needed) Tussin. The nurse did not document any physical assessment of vital signs nor lung sounds and did not notify the provider of the change in symptoms. 2. On 9/3/18, the nurse wrote "The resident continues to not feel well this morning, did start to	R126	continued from page 4 3. Education of nursing staff will include appropriate communication and documentation of resident/ family concerns by November 28, 2018. Education of care providers will also be conducted to ensure resident care needs are being met 4. Audits will be conducted by reviewing shift report and nursing progress notes weekly x 4, then monthly x 3 and ongoing. 5. The Director f Nursing or designee will monitor for compliance. 6. Compliance will be completed by November 3, 2018	

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R126	Continued From page 5 walk to breakfast but seemed unsteady and wanted to return to h/her apartment." 3. On 9/5/18, after notification that the resident had slid to the floor, the PCP (primary care provider) ordered that the resident go to the Urgent Care for IV fluids and work up. While at the Urgent Care, the resident was diagnosed with dehydration and hypercalcemia and returned to the facility with orders from the PCP to notify them if the resident had any vomiting or diarrhea or worsening of symptoms prior to Monday (date 9/10/18). 4. On 9/8/18, a nurse documented that the resident was incontinent of a large amount of semi-loose stools. There was no evidence that the PCP was notified of the loose stools on 9/8/18, per orders. Although the resident reported fewer symptoms over the next 2 days, s/he continued with minimal food/liquid intake. 5. On 9/11/18, the resident reported not feeling well, "not eating/drinking & had some vomiting. Spoke to son and he asked this nurse to call the PCP to see what they wanted to do. They ordered resident be sent to ED via ambulance." The note stated Vital Signs (VS) at that time were Temp. - 99.8, Pulse - 80, respirations - 20, Blood pressure - 144/68, and oxygen saturation level - 90% (low). No VS were documented for 9/9/18 and 9/10/18, and continued decreased oral intake was noted both of those days. The nursing documentation reflected a lack of ongoing documented assessment of the resident on a regular basis after the resident reported 'feeling unwell' on 8/28/18, and a lack of notification to the PCP in a timely manner over several days, unless prompted to do so by the family. Nurses failed to write a follow up nursing note after the resident's complaint on 8/28/28 of right rib area pain and increased coughing. The	R126		

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R126	Continued From page 6 next documented note was dated 9/2/18, which stated that the resident was not feeling well and documented VS. Per phone interview with the resident's family member on 9/29/18 at 12:55 PM, an Emergency Department nurse stated to h/him that when the resident was examined in the ED on 9/11/18, the resident's brief was soaked with urine and feces and 'disintegrated' when the ED nurse touched it to remove it. The nurse also stated that there was dried feces in the resident's genital areas. The nurse stated that the brief had not been changed in a long time. The son stated that the resident's care plan stated that s/he was to be checked for incontinence and toileted every 2 hours. The lack of appropriate and timely care in accordance with the plan of care and provider orders was confirmed during interview with the DNS (Director of Nurses) on 10/3/18 at 6:30 PM. Refer also to R150.	R126		
R145 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced	R145	1. Residents # 1, 3 and 4 care plans have been corrected to reflect the resident's care needs. 2. The Director of Nursing or designee will review current resident's care plans to ensure resident's needs are being met. 3. The Director of Nursing or designee will audit care plans weekly x 4, then monthly x 3 and ongoing to ensure resident care plans reflect their care needs.	

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R145	Continued From page 7 by: Based on interview and record review, the RN (Registered Nurse) failed to develop written care plans to address each resident's identified needs, to include measurable goals and specific interventions to address their needs. In addition, nursing staff failed to consistently implement the resident's care plan interventions for daily care and services based on a review of care giver's documented daily care. These practices affected 3 of 5 residents in the applicable sample. (Residents # 1, 3 and 4). Findings include: 1. Per record review on 10/1/18, Resident #1's care plan failed to address the resident's behaviors related to removing incontinent briefs and putting them in various areas within the apartment, including on furniture, in closets and on the floor. The nurses were aware of a urine odor in this room yet failed to develop a comprehensive plan to manage this issue and assure that the resident 's care plan met the resident's needs regarding incontinence concerns. The care plan stated to toilet every 2 hours, however there is no evidence of recent assessment to identify why the odor was pervasive, nor to change the plan to see if more frequent toileting helped to manage the issue. Per review of the care plan meeting notes with the family dated April 25, 2018, it highlighted "toenails" as needing to be done (filed and trimmed) and the family requested weekly showers be increased from 2 times weekly to 3 times weekly. Per review of the care giver documentation sheets, the May sheets said showers 3 times per week but the June and July sheets said showers 2 times weekly, with many missed showers noted. Toileting every 2 hours was documented as not done on 2 days for June,	R145	continued from page 7 4 Education on written care plans will be conducted for all nurses to ensure resident's needs are met. 5. The Director of Nursing will monitor for compliance. 6. Compliance will be completed by November 3, 2018	

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R145	Continued From page 8 it was not documented as done on 5 days during July. Regarding nail care, the sheet stated to file and trim nails after each shower; during June, it was documented as done 3 times total; during July it was documented as done 2 times only. During interview with Resident #1's family member on 9/30/18, s/he stated that the resident's toenails were consistently very long and curled over the top of the toes. S/he stated that they the had brought up the lack of toenail care and trimming on multiple occasions (including at the last care plan meeting on 4/25/18) to facility nurses without results. The family had also requested that the facility find an appropriate cleaning product to help eliminate the pervasive urine odor in the resident's room and hallway areas. This was not achieved per the family. 2. Per record review, Resident #3's care plan to address falls stated that the resident was not a high fall risk. However, review of the resident's falls since 8/1/18 showed 4 falls between 8/31/18 and 9/18/18. The last care plan review was dated 4/1/18, and stated that the resident had 6 falls in the previous 60 days. As of 10/1/8, there were no recent updates, new interventions or evaluations regarding falls in the record. A nursing note of 9/16/18 after the resident was found on the floor stated "reminded resident about the call pendent" and the resident replied that he 'forgot about that.' The resident had put himself on the floor and crawled to the bathroom because he did not want to fall; there was no nursing evaluation of this change regarding mobility. (The resident was also legally blind due to macular degeneration and glaucoma). The care plan also failed to address the resident's needs related to constipation and admission to Hospice Services on 9/22/18.	R145		

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R145	Continued From page 9 3. Per record review, Resident #4's care plan regarding the risk of falls plan was last reviewed on 2/19/18. During the period from 8/1/18 to 10/1/18, the resident had 5 falls, including 2 falls with minor head injuries. There was no evidence of any evaluation, reassessment or new interventions after the 5 recent falls. This resident was also receiving anticoagulant therapy, which makes the risk of bleeding due to injury greater. The care plan did not address the resident's use of daily blood thinners. The resident was also being treated with medication for depression and the care plan did not include any nursing interventions related to monitoring for effectiveness and possible adverse side effects, and did not include any supportive interventions by staff. The above findings for the 3 residents were confirmed during interview with the DNS on 10/3/18.	R145		
R150 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (7) Assure that symptoms or signs of illness or accident are recorded at the time of occurrence, along with action taken; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, facility nurses failed to document follow up care and notification to the PCP of changes in resident condition/symptoms in a timely manner on two occasions for 1 of 4 residents in the sample. (Resident #1). Findings include:	R150	1. Resdient #1 no longer resdies in the facility 2. Review of current residents with nursing staff and record review will be conducted to ensure resident care needs are met 3. Education of nursing staff will include appropriate communication and documentation of resident/family or PCP concerns.	

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R150	Continued From page 10 1. Per record review, the nurse failed to document follow up actions in the medical record for Resident #1 after the resident complained of right rib area pain and coughing with white phlegm production on 8/28/18. There was also no note stating that the family and the PCP had been notified of the resolution of the resident's change in symptoms. 2. Per record review, the nurse failed to notify the PCP after discharge instructions from an Urgent Care Visit on 9/5/18 stated to "Call the PCP office immediately if you are having any vomiting, diarrhea or worsening symptoms before Monday" (9/10/18). A nursing progress note dated 9/8/18 at 11:52 AM, stated the resident was incontinent of a large amount of semi-loose stool. The nurse did not act on the discharge instructions given by the Urgent Care Center provider on 9/5/18 to notify the PCP immediately. These failures of nurses to follow up after changes in resident condition were confirmed with the DNS during interview on 10/3/18.	R150	continued from page 10 4. Audits will be conducted by reviewing shift report and nursing progress notes weekly x 4, then monthly x 3 and ongoing. 5. The Director f Nursing or designee will monitor for compliance. 6. Compliance will be completed by November 3, 2018	
R205 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.17 Death of a Resident 5.17.c When a resident dies unexpectedly or within 48 hours of a fall or injury, in addition to notifying the medical examiner, the licensee shall send a report to the licensing agency with the following information: (1) Name of resident; (2) Circumstances of the death; (3) Circumstances of any recent injuries or falls;	R205	1. The resdient no longer resdies in the facility. 2. Education of nursing staff regarding regulatory requirements surrounding unexpected death will be conducted to ensure regulatory compliance 3. The Director of Nursing or designee will monitor all accidents/deaths	

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R205	Continued From page 11 and (4) A list of all medications and treatments received by the resident during the two (2) weeks prior to the death. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to report an unexpected resident death of a resident who died as a result of injuries sustained during a fall at the facility. (Resident #2) Findings include: Per review of the medical record and a death report from the Office of the chief Medical Examiner, Resident #2 experienced 2 falls on 9/1/18, one at 10:30 AM and one at 4 PM. There were no obvious injuries and no pain reported from the first fall at 10:30 AM. For the 4 PM fall, per the progress note, the resident was found lying on the floor in their room with the head against the wall/baseboard heater. The resident complained of pain in the back and then the neck area. The resident was sent via 911 to the ED for evaluation, where s/he was diagnosed with cervical spine fractures and pulmonary edema and was admitted. The resident died as a result of the injuries on 9/4/18. Per review of the death certificate report from the Office of the Chief Medical Examiner's Office, the death was ruled accidental due to injuries including multiple cervical spine fractures and a small epidural hematoma at the cervical level, as a result of a fall. The facility failed to report the unexpected death due to injuries sustained during a fall to the Licensing Agency. The failure to report the unexpected death was confirmed during interviews with the Director of Nurses (DNS) and the Charge Nurse on the afternoon of 10/2/18.	R205	continued from page 11 4. The Director of Nursing will monitor for compliance. 5. Compliance will be completed and effective this date, October 26, 2018	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0149	A. BUILDING: _____ B. WING _____	C 10/03/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PILLSBURY MANOR - SOUTH	20 HARBOR VIEW ROAD SOUTH BURLINGTON, VT 05403

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R223 SS=F	VI. RESIDENTS' RIGHTS 6.11 The resident has the right to review the resident's medical or financial records upon request. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility has failed to assure that each resident has the right to review their financial records upon request and that current residents had staff available for assisting with this right. This practice has the potential to affect all residents of the facility. Findings include: Per information received from residents of the facility, the facility licensee has failed to assure access to the financial records of each resident. As of the complaint survey completed on 10/3/18, the facility had continued to fail to fulfil the terms of the resident admission agreements by failing to bill for their monthly rent and services. During interview with a resident who wished to be anonymous on 10/2/18, s/he was very distressed at the lack of bills received; s/he said the last monthly bill received was for the month of March, 2018. During interview, the only business office employee available for the facility stated on 10/3/18 that s/he did not have any information regarding resident billing practices/processes. S/he stated that the employee who used to oversee that area had resigned the previous week and there was no replacement staff available to facilitate a review of financial records if any resident of the facility wished to review these records.	R223	The corporate team has been contacted via email on October 28 2018 as well as today, October 31, 2018. As of today, I have not received a response regarding this deficiency.	

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R238 SS=C	VII. NUTRITION AND FOOD SERVICES 7.1.a. (7) The home shall maintain sufficient food supplies at hand on the premises to meet the requirements of the planned weekly menus. This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews, the facility failed to maintain sufficient food supplies at hand on the premises to meet the requirements of the planned weekly menus. The lack of some menu items had the potential to affect all residents of the facility. Findings include: Per observations in the kitchen at facility on 10/1/18, several 1/2 gallon containers of milk were in a plastic 'bus' tub; the FSD confirmed that they were to be brought to their adjacent facility, Allenwood, because they had 'run out of milk this morning' . On 10/2/18 at 10:40, during interview the FSD, who covers both Allenwood and Pillsbury South, s/he stated that s/he had received a few hundred dollars from the business office's petty cash account to purchase bread, juice and eggs for both facilities (Allenwood and Pillsbury South). The FSD stated that many vendors were not delivering foods when ordered due to a lack of timely payment and that he may have to start using the emergency food supplies from the freezers if things didn't get better soon.	R238	1. There were no residents affected due to the potential of unavailable foods at the facility 2. A daily meeting with the FSD and Acting Executive Director now occurs to review food supply 3. The FSD will monitor vendor payments for timeliness. 4. The Acting Executive Director will report to cooperate office and the Accounts Payable department for payments to be completed upon receipt. 5. Corproarte compliance on timely payments will be Immediate as of this date, October 26, 2018	
R266 SS=F	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and	R266		

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R266	Continued From page 14 comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to provide a sanitary and homelike environment in all resident areas of the building on the 3 days of survey (10/1/18 - 10/3/18.) This complaint had the potential to affect many residents residing on the affected units and any visitors on the 2 units identified. Findings include: Based on observations of the 1st and 2nd floor east wing resident units on the afternoon of 10/1/18, the following was noted: both the first floor and second floor east wings were noted to have offensive urine odors; however, the second floor east unit was very strong and pervasive the entire length of the hallway, with 2 areas on the hallway with especially strong urine odors. The carpeted flooring was also worn and had a raised ridge near the end of the hallway, near the second floor elevator; this presented a potential tripping hazard. Although the facility stated that the carpeted floors had been cleaned, the objectionable odor remained strong in that east second floor area during the dates of the survey. The pervasive odors and worn state of the carpets was confirmed during a tour of the areas with the Director of Maintenance on the afternoon of 10/1/18.	R266	continued form page 14 2. The Director of Maintenance or designee will develop a scheudle for all carpets to be cleaned on a regular basis. 3. In areas of disrepair or inability to remove offensive odors, carpets will be replaced. 4. The Director of Maintenance or designee will monitor the environment during weekly rounds 5. Compliance will be completed by December 15, 2018 or earlier	